



**Flathead County**  
**Planning & Zoning**  
1035 1<sup>st</sup> Ave W, Kalispell, MT 59901  
Telephone 406.751.8200 Fax 406.751.8210

**APPLICATION FOR**  
**PRELIMINARY PLAT EXTENSION AGREEMENT**

*Extension requests must be submitted at least 30 working days prior to the expiration date*

*Submit this application, and appropriate fee (see current fee schedule)  
to the Planning & Zoning office at the address listed above.*

**FEE ATTACHED \$**\_\_\_\_\_

**SUBDIVISION PRELIMINARY PLAT NAME:**

\_\_\_\_\_

**OWNER(S) OF RECORD:**

Name:\_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address:\_\_\_\_\_

City, State, Zip:\_\_\_\_\_

Email: \_\_\_\_\_

**TECHNICAL/PROFESSIONAL PARTICIPANTS:**

Name:\_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address:\_\_\_\_\_

City, State, Zip:\_\_\_\_\_

Email: \_\_\_\_\_

**REQUIRED INFORMATION**

How long is the requested preliminary plat extension? \_\_\_\_\_

Why is the requested extension being made?

\_\_\_\_\_

Original preliminary plat approval date: \_\_\_\_\_

Original preliminary plat expiration date: \_\_\_\_\_

Have any prior extensions been granted? \_\_\_\_\_

If yes, please provide the granting and expiration dates of previous extensions (attach additional sheets if necessary).

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Is this a Phased subdivision? \_\_\_\_\_

If yes, please provide the phasing approval history of the development

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If yes, has an updated phasing plan been submitted? \_\_\_\_\_

Are any Planned Unit Development (PUD) plans or Subdivision Improvement Agreement (SIA) commitments involved or affected by an extension?

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The request for a Preliminary Plat extension will be considered pursuant to Section 4.1.1 of the Flathead County Subdivision Regulations, effective June 1, 2012.

*I hereby certify under penalty of perjury and the laws of the State of Montana that the information submitted herein, on all other submitted forms, documents, plans or any other information submitted as a part of this application, to be true, complete, and accurate to the best of my knowledge. Should any information or representation submitted in connection with this application be untrue, I understand that any approval based thereon may be rescinded and other appropriate action taken. The signing of this application signifies approval for the FCPZ staff to be present on the property for routine monitoring and inspection during the approval and development process.*

\_\_\_\_\_  
Subdivider or Subdivider’s Agent:

\_\_\_\_\_  
Date:



1035 First Ave West  
 Kalispell, MT 59901  
 OFFICE: 406.751.8200  
 FAX: 406.751.8210  
 EMAIL: [planningweb@flathead.mt.gov](mailto:planningweb@flathead.mt.gov)  
 WEB: [flathead.mt.gov/planning\\_zoning](http://flathead.mt.gov/planning_zoning)

## CUSTOMER SERVICE SURVEY

Our mission is to provide you with the best possible service. Please help us serve you and others better by taking a few minutes to answer the questions below. Our office genuinely appreciates your time and your feedback.

**What was the nature of your contact with us?** (Please check all that apply)

- ☐ General Information
- ☐ Permitting (Lakeshore, Floodplain, Zoning, Subdivision)
- ☐ Pre-application Conference
- ☐ Other \_\_\_\_\_

<b>Please Check as Appropriate:</b>					
	Strongly Agree	Agree	Disagree	Strongly Disagree	No Comment
Staff was courteous and helpful					
Staff provided accurate information to me					
Staff response was considerate of my time					
My overall experience was positive					
<b>Please complete the section below if your contact with us involved permitting:</b>					
The permitting process was understandable					
The regulations were understandable					
Application instructions were understandable					
Terms and conditions of the permit were understandable					

We provide opportunities for staff to be recognized for exemplary customer service. Please indicate the names of any staff person(s) you would like to commend:

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If you feel we fell short in meeting your service expectations, please describe the situation including the name of the staff person involved (if applicable) and the date the incident occurred:

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As a result of your experience with us, what service-related improvement(s) can you recommend?

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**Contact Information (Optional)**

Your name: \_\_\_\_\_

Email: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Date submitted: \_\_\_\_\_

**Please hand deliver, email, fax or mail form to:**

Flathead County Planning and Zoning  
1035 First Avenue West, Ste C200  
Kalispell, MT 59901  
Email: [Planning.Zoning@flathead.mt.gov](mailto:Planning.Zoning@flathead.mt.gov)  
Phone: (406) 751-8200  
Fax: (406) 751-8210

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